

ISSUE SLIP STAPI E AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE    |
|---------------------------|----------|---------|---------|
| FEE DETERMINATION         |          |         |         |
| O.I.P.E. CLASSIFIER       |          |         |         |
| FORMALITY REVIEW          | M. M.    | 7/16/29 | 11/24   |
| RESPONSE FORMALITY REVIEW |          |         | 1-11-81 |
|                           |          |         |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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